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7590 12/09/2005

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B. Noël Kivlin

(Depositor's name)

(Signature)

3-9-06

(Date)



APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,597	02/28/2002	Thomas W. Lanzatella	1557.002US1	1885

TITLE OF INVENTION: METHODS AND SYSTEMS TO BACKUP DATA | 03/14/2006 BABRAHAZ 00000022 501505 10086597

| 01 FC:1501 1400.00 DA
| 02 FC:1504 300.00 DA
| 03 FC:8001 3-9-06

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRUONG, CAM Y T	2162	707-204000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Meyertons Hood Kivlin Kowert & Goetzel, P.C. B. Noël Kivlin 3
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VERITAS Operating Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mountain View, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5760-16800 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 18

Date 3-9-06

Typed or printed name B. Noël Kivlin

Registration No. PTO # 33,929

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